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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of Information William Application, or Doctor Hymber												370		
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CLAIMS AS FILED - PART I SMALL ENTITY										VIIIY	OR		SMALL E	YTITH
(Column 1) (Column 2)								Γ	RATE	FEE	*	Ŀ	RATE	FEE
FOR NUMBER FILED NUMBER EXTRA							-	IONIE	:395	OR			<u>,790</u>	
	FR 1.	16(3))			<u> </u>			×	.9 =		OR	x s	18_=	
	FR 1.	16(c))	_ _		ninus 20 =	ļ <u>.</u>			11		OR.	× s	85 =	· · ·
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. # 1	he dif	ferenœ in ∞	dumn 1 is	less than	zero, ente	r *0* in column 2.			TOTAL		3 08		101112	
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1,	* If the difference in column 1 is less than zero, enter *0* in column 2. CLAIMS AS AMENDED – PART II CLAIMS (Column 1) (Column 2) (Column 3) SMA CLAIMS REMAINS HIGHEST PRESENT PREVIOUSLY PAID FOR Total (O) OFR 1.16(c)) AMENDMENT Minus ** 4 =			SMALL	ENTITY	OR ¬		SMALL	ENTITY					
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	∌H;	ndependent 37 CFR 1.16(b))	1.		Minus		<u> </u>	4	x s 44	=	┨ ゙	1	300	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						FR 1.16(d))		+s/SU	=	ન `	R	TOTAL	
-									ADO'L FE	E)R	ADD'L FEI	·
						(Column 2)	(Column 3)				1		
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	의			MAINING AFTER	. 1	PREVIOUSLY PAID FOR	EXTRA			FEI			10	
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•	AMEN	(37 CFR 1.16(b)				HOSAGI CLAIM (37	CFR 1.16(d))	\neg	+5/5	<u> </u>		OR.	+ s.30	<u><u><u>U</u> = </u></u>
	₹	FIRST PRES	ENTATIO	N OF MULT	IPLE DEPE	NDENT CLAIM (37			TOTAL ADD'L	EE		OR	ADD'L F	EE
				a 1 in last	than the e	entry in column 2,	write "0" in col	umn - 20						

If the entry in column 1 is less than the entry in column 2, write "0" in column 3

"If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".

"If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".

"If the "Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is 10 file (a) USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to use 12 minutes 10 process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to use 12 minutes 10 process) and application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to use 12 minutes 12 minutes 12 minutes 13 minutes 14 minutes 15 minu

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TC	TAL CLAIMS		4					RATE	FEE	1	RATE	FEE
FC	PR		NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TC	TAL CHARGEA	BLE CLAIMS	4 mir	nus 20=	· •			X\$ 9=		OR	X\$18=	1
INC	EPENDENT CI	_AIMS	(mi	nus 3 =				X43=		OR	X86=	
MU	LTIPLE DEPEN		+145=		OR	+290=						
* If the difference in column 1 is less than zero, enter "0" in column 2										OR	TOTAL	780
CLAIMS AS AMENDED - PART II											OTHER	
		(Column 1)		(Column 2) (Column 3)				SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	##		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+290=	
	TOTAL ADDIT. FEE										TOTAL ADDIT. FEE	
		•	10011.122									
AMENOMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	##		=		X\$ 9=	·	OR	X\$18=	
	Ind pendent	*	Minus	***	01.4144			X43=		OR	X86=	
	FIRST PRESE	NTATION OF ML	JLTIPLE DEF	ENDENT	CLAIM	<u> </u>	' [+145=		OR	+290=	
							L	TOTAL ODIT, FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colum	nn 2)	(Column 3)	· ·	DOM: PEE			ADDII. I EE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGH NUMI PREVIO PAID	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									.		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290= TOTAL		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												